Case:17-03283-LTS Doc#:24883-1 Filed:08/14/23 Entered:08/14/23 16:14:09 Desc: Exhibit 1 Page 1 of 19

EXHIBIT 1

Case:17-03283-LTS Doc#:24883-1 Filed:08/14/23 Entered:08/14/23 16:14:09 Desc: Exhibit 1 Page 2 of 19 Case:17-03283-LTS Doc#:24817 Filed:07/31/23 Entered:07/31/23 13:23:07 Desc: Main Document Page 1 of 2 RECEIVED AND FILED FILING OF RESPONSE TO OMNIBUS OBJECTION CLERK'S OFFICE USDC PR PUERTO RICO RETIREMENT SYSTEM 2023 JUL 28 PM3:59 CASE: 17-03283-LTS DON#14474-3 FILED: 10/06/20 **EHIBIT C** PAGE 53 PAGE OF 153 NAME# 319 **CLAIM NUMBER: 42345** DEBTOR: GOVERNMENT OF PUERTO RICO RETIREMENT SYSTEM AMOUNT: \$60,362.25 Good afternoon. My claim appears listed in Exhibit C, but it is incorrectly recorded, which is the reason why I failed to respond to the claim. I am sending evidence of what I am stating in this response. **CONTACT INFORMATION** Mailing Address: PO BOX 3501 PMB 218

JUANA DÍAZ, PUERTO RICO 00795

Telephone:

787-249-8820

E-mail:

garrigalizzy@gmail.com

Case:17-03283-LTS Doc#:24883-1 Filed:08/14/23 Entered:08/14/23 16:14:09 Desc: Exhibit 1 Page 3 of 19

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REASON:

I AM BOTH MAKING A CLAIM AND INDICATING THE REASON WHY I DID NOT RESPOND TO THE SAID CLAIM. MY NAME WAS RECORDED INCORRECTLY, SO WHEN I WAS LOOKING FOR IT—GARRIGA ORTIZ, LIZZETTE—AND NOT SEEING IT LISTED, I DID NOT RESPOND. NOW, WHEN LOOKING AT IT AGAIN, I NOTICED THAT MY NAME WAS ALWAYS RECORDED INCORRECTLY. I WANT IT TO BE CORRECTED AND TO BE GIVEN THE OPPORTUNITY FOR MY CLAIM TO BE CONSIDERED AND PROCEED WITH IT. THE ERROR WAS NOT MINE, AND THEREFORE, I DESERVE TO HAVE MY CLAIM CONSIDERED ACCORDINGLY. I AM SENDING ALL THE EVIDENCE TO FILE IT SO THAT THE COURT MAY TAKE MY OMNIBUS OBJECTION IN RELATION TO MY CLAIM INTO ACCOUNT.

THE NAME THAT APPEARS IN EXHIBIT C

NAME

#319 ORTIZ LIZZETTE GARRIGA

THE CORRECT NAME THAT SHOULD APPEAR IN EXHIBIT C

NAME

#319 GARRIGA ORTIZ, LIZZETTE

EVERY TIME I SEARCHED I DID IT USING GARRIGA, WHICH IS MY PATERNAL LAST NAME, AND NOT ORTIZ, WHICH IS MY MATERNAL LAST NAME AND THEREFORE INCORRECT.

July 25, 2023

DATE

CLAIMANT'S SIGNATURE

Exhibit Page 1 of 14

SUPPORTING DOCUMENTS

SRF 46809

Presentment Date: October 14, 2020 Objection Deadline: October 13, 2020 at 5:00 p.m. (AST)

UNITED STATES DISTRICT COURT DISTRICT OF PUERTO RICO

In re:

PROMESA Title III

THE FINANCIAL OVERSIGHT AND MANAGEMENT BOARD FOR PUERTO RICO,

No. 17 BK 3283-LTS

as representative of

(Jointly Administered)

THE COMMONWEALTH OF PUERTO RICO, et al.,

Debtors. 1

This filing relates to the Commonwealth, HTA, and ERS

NOTICE OF PRESENTMENT OF PROPOSED ORDER

(A) GRANTING IN PART THE EIGHTY-FIRST OMNIBUS OBJECTION (NON-SUBSTANTIVE) OF THE COMMONWEALTH OF PUERTO RICO, PUERTO RICO HIGHWAYS AND TRANSPORTATION AUTHORITY, AND EMPLOYEES RETIREMENT SYSTEM OF THE GOVERNMENT OF THE COMMONWEALTH OF PUERTO RICO TO DEFICIENT CLAIMS ASSERTING INTERESTS BASED ON SALARY DEMANDS, EMPLOYMENT OR SERVICES PROVIDED, (B) APPROVING FORM OF NOTICE FOR CLAIMS TO BE SET FOR HEARING, AND (C) GRANTING RELATED RELIEF

PLEASE TAKE NOTICE that, on October 6, 2020, the Commonwealth of Puerto Rico

(the "Commonwealth"), the Puerto Rico Highways and Transportation Authority ("HTA") and the

The Debtors in these Title III Cases, along with each Debtor's respective Title III case number and the last four (4) digits of each Debtor's federal tax identification number, as applicable, are the (i) Commonwealth of Puerto Rico ("Commonwealth") (Bankruptcy Case No. 17-BK-3283-LTS) (Last Four Digits of Federal Tax ID: 3481); (ii) Puerto-Rico Sales Tax Financing Corporation ("COFINA") (Bankruptcy Case No. 17-BK-3284-LTS) (Last Four Digits of Federal Tax ID: 8474); (iii) Puerto Rico Highways and Transportation Authority ("HTA") (Bankruptcy Case No. 17-BK-3567-LTS) (Last Four Digits of Federal Tax ID: 3808); (iv) Employees Retirement System of the Government of the Commonwealth of Puerto Rico ("ERS") (Bankruptcy Case No. 17-BK-3566-LTS) (Last Four Digits of Federal Tax ID: 9686); (v) Puerto Rico Electric Power Authority ("PREPA") (Bankruptcy Case No. 17-BK-4780-LTS) (Last Four Digits of Federal Tax ID: 3747); and (vi) Puerto Rico Public Buildings Authority ("PBA") (Bankruptcy Case No. 19-BK-5523-LTS) (Last Four Digits of Federal Tax ID: 3801) (Title III case numbers are listed as Bankruptcy Case numbers due to software limitations).

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Exhibit C

Schedule of Deficient Claims to Be Disallowed via Notice of Presentment

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Exhibit Page 4 of 14

IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM BECAUSE THEIR RECORDS SHOW THAT YOUR CLAIM IS DEFICIENT.

NAME	CLAIM#	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
Ortiz, Lizzette Garriga	42345	6/26/18	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	\$60,362.25
Reason:	the Commonwealth against the Employ Debtors are unable	n of Puerto Rico, but fa yees Retirement Syste to determine whether	associated with the Employees Retirement ils to provide any basis or supporting docum m of the Government of the Commonwealth claimant has a valid claim against the Empl ento Rico or any of the other Title III debtors	entation for asserting a claim of Puerto Rico, such that the

SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN QUE SU RECLAMO SEA RECHAZADO, PUESTO QUE LOS DATOS INDICAN QUE SU RECLAMO ES DEFICIENTE.

NOMBRE		FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
Ortiz, Lizzette Gerrige	42345	6/26/18	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	*\$60,362.25
Base para:	de los Empleados del documentación de rei pueden determinar si	Gobiemo del Estado Li spaldo para formular un el reclamante tiene una		na de Retiro de los Empleados del

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at https://cases.primeclerk.com/puertorico. If you have questions, please contact Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).

Copias de la Objeción global, y todos los escritos radicados en el marco de las causas conforme al Título III, están disponibles, de manera gratuita, en https://cases.primeclerk.com/puertorico. Si tiene alguna pregunta, comuníquese con Prime Clerk LLC llamando al (844) 822-9231 (número gratuito para Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas desde el extranjero), disponible entre las 10:00 a.m. y las 07:00 p.m. (AST) (hablamos español).

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YCTASSE:117-103283-LTS 100C#:246473]. FEITER 107734623, FEITER 107731623-13:23:107 15ESC:

Eighty-First Omnibus Objection Exhibit C - Schedule of Deficient Claims to be Disallowed via Notice of Presentment

	Exhibit C - School	dule of Delicien	it Ciums to oc	Distillowed via	rottee of rresentment		A CCEDTED CLAIM
	NAME		DATE FILED	CASE NUMBER	DEBTOR	CLAIM#	ASSERTED CLAIM AMOUNT
316	ORTIZ, ANA L. PO BOX 648 OROCOVIS, PR 00720-0648		6/23/2018	(Employees Retirement System of the Government of the Commonwealth of Puerto Rico	46505	\$ 500.00*
	Reason: Proof of claim purports to assert liabilities associated supporting documentation for asserting a claim against the Emwhether claimant has a valid claim against the Employees Ret	plovees Retirement	System of the Gove	ernment of the Commo	onwealth of Puerto Rico, such that the	ne Debtors are un	ide any basis or able to determine
317	ORTIZ, JOHANNA 227 CALLE E PARQUE ARCOIRIS 311 TRUJILLO ALTO, PR00976		6/26/2018	17 BK 03283-LTS 0	Commonwealth of Puerto Rico	41586	\$ 12,000.00
	Reason: Proof of claim purports to assert liabilities associated Commonwealth of Puerto Rico, such that the Debtors are unal	with the Commonwo	ealth of Puerto Rico ther claimant has a	, but fails to provide a valid claim against the	any basis or supporting documentati e Commonwealth of Puerto Rico or	on for asserting a any of the other T	claim against the Fitle III debtors
318	ORTIZ, JOSIAN COLON HC 01 BOX 3517 VILLALBA, PR 00766		6/27/2018	17 BK 03283-LTS 0	Commonwealth of Puerto Rico	47401	Undetermined*
	Reason: Proof of claim purports to assert liabilities associated Commonwealth of Puerto Rico, such that the Debtors are unal	with the Commonwe	ealth of Puerto Rico ther claimant has a	valid claim against th	e Commonwealth of Puerto Rico or	any of the other	Title III debtors
319	ORTIZ, LIZZETTE GARRIGA P.O. BOX 3501 PMB 218 JUANA DIAZ, PR 00795		6/26/2018	(Employees Retirement System of the Government of the Commonwealth of Puerto Rico	42345	\$ 60,362.25
	Reason: Proof of claim purports to assert liabilities associated supporting documentation for asserting a claim against the Emwhether claimant has a valid claim against the Employees Ret	plovees Retirement	System of the Gove	ernment of the Comme	onwealth of Puerto Rico, such that the	he Debtors are un	ide any basis or able to determine
320	ORTIZ, LORIANNIE VELEZ PO BOX 656 VICTORIA STATION AGUADILLA, PR 00605		6/27/2018	17 BK 03283-LTS	Commonwealth of Puerto Rico	56529	Undetermined*
	Reason: Proof of claim purports to assert liabilities associated Commonwealth of Puerto Rico, such that the Debtors are unal	with the Commonwo	ealth of Puerto Rico ther claimant has a	o, but fails to provide a valid claim against th	any basis or supporting documentati e Commonwealth of Puerto Rico or	on for asserting a any of the other	claim against the Fitle III debtors
321	ORTIZ, LOURDES URB. EL VEDADO 123 ALMIRANTE PINZON SAN JUAN, PR 00918		6/27/2018	17 BK 03283-LTS	Commonwealth of Puerto Rico	55665	Undetermined*
	Reason: Proof of claim purports to assert liabilities associated Commonwealth of Puerto Rico, such that the Debtors are unal	with the Commonwoodle to determine whe	ealth of Puerto Rico ther claimant has a	o, but fails to provide a valid claim against th	any basis or supporting documentati e Commonwealth of Puerto Rico pr	on for asserting a any of the other	claim against the Fitle III debtors

Argument: I always searched myself under Garriga, not Ortiz

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235 Ave. Arterial Hostos, Edif. Capital Centr

PO Box 191879, San uan PR 00919-1879

Torre Norte, Hato Rey

Retirement Services Area RETIREMENT APPLICATION FORM

Page 1 of 2

I. TYPE OF PENSION REQUES	ΓED								
☐ Merit ☐ Years of S	ervice ar	nd Age	☐ Age)	☐ Deferre	ed	☐ Disab	oility 🗌	Supplementary
I am requesting retirement benefits in accordance with the provisions of any laws and regulations applicable to the benefits structure under which I have contributed									
II. APPLICANT INFORMATION	APPLICANT INFORMATION								
Name		Social Secu	rity	Date	of Birth (M	-D-Y)	Ge	ender	Employee No.
LIZZETTE GARRIGA ORTIZ		582-37-67	59	1	12-03-1964	1	Fe	male	61350
Marital Status	Land	dline and M	obile Tele _l	ohone	Number			E-mail	
Married		78	7-249-882	20			garri	galizzy@gma	ail.com
Mailing A	Address				Reside	ntial Ad	Idress	☐ Sam	e as Mailing
PO BOX 3501 PMB 218 JUANA DIAZ, PR 00795-3501				_) SINGAPL ANA DIAZ,		-		
Agency Where You Work			nere You V	Vork		Job Title			signation (M-D-Y)
DEPT. OF EDUCATION – TEA Name, Address,	_		NA DIAZ	nea Ra		TEAC			-31-2022
SRM Loans	Ye						☐ Persor		cultural Trip
AEELA Loans	Ye	* 1	of Loan(se of Loan(se			-	Person		ulturai Trip
Please, indicate		, ,	•	,		<u> </u>			on
No Name of the entity to	which yo	u made the	claim and	l/or tha	it granted t	he disa	bility bene	fit Date	Granted (M-D-Y)
III. Time Purchased									
I, LIZZETTE GARRIGA ORTIZ Am Not interested in availing myself of the provisions under Article 2.11 of Act 26 of April 29, 2017, "Compliance with the Fiscal Plan Act." This, in order to complete the benefit of: 30 Years of Service 10 Years of Service 25 Years of Service Maximum amount per vacation balance									
It is important to note that the certified time may vary if differences are found in the Change Report submitted by the Employer and/or if there are future cancellations between accounts that affect SRM contributions. Likewise, the Participant must continue to contribute into the SRM until the projected retirement date .									
·	IV. Direct Deposit								
Bank Name	Routing	g and Trans		r	Accoun				count Type
1FIRST BANK		2215714	73		3106	642375	9	(Checking

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V. AUTHORIZATION FOR THE RELEASE OF INFORMATION (DISABILITY)

I Do Not authorize the Teachers Retirement System to access my Work or Medical History for use by any Agency; State, Municipal, or Federal Department; and/or Private or Public Agency outside of Puerto Rico for use in an Official Investigation if necessary.

VI. CERTIFICATION

I **certify** that all the information provided in this form is true and accurate and **Authorize** the SRM personnel to proceed in accordance with the undersigned's request. Issued in <u>JUANA DIAZ</u>, Puerto Rico, on this <u>01-13-2022</u>.

Date (m-d-y)

Electronic Filing Number 5664
Signature

235 Ave. Arterial Hostos, Edif. Capital Centr Torre Norte, Hato Rey PO Box 191879, San uan PR 00919-1879 Tel. (787)777-1414, Fax (787)759-2883 * www.srm.pr.gov



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COMMONWEALTH OF PUERTO RICO

Life Certificate

The Secretary of Education hereby issues to

LIZZETTE GARRIGA ORTIZ

This Certificate that entitles the holder to perform as

TEACHER OF VISUAL ARTS

in any public or private schools of Puerto Rico

Issued on January 27, 2014

Issued in San Juan, Puerto Rico, on January 27, 2014

Certificate Number: 1004475

Rafael Román Melénde: Secretary of Education

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Letter of Teacher Certificates Awarded

I hereby certify that **Lissette Garriga Ortiz** (XXX-XX-6759) has earned the following teaching certificates:

Type	Number	Category	Effective Date
Lifetime	# 1004475	TEACHER OF VISUAL ARTS	As of January 27, 2014

As of the date of issuance of this document, the above referenced certificates have not been suspended, annulled, or cancelled.

This certification is issued today, August 2, 2022.

Aixamar González Martínez

Director

Teacher Certifications Division

The information shown in this document is according to the data recorded in the Human Resources system. If you believe there to be an issue or discrepancy with the data shown, you may go to the Office of the Assistant Secretary of Human Resources, or call 787-773-2584, 2561, 2461, 2573, 2459.



P.O. Box 190759, San Juan PR 00919-0759

The Department of Education does not discriminate on the basis of age, race, color, gender, birth, veteran status, political or religious ideology, national origin, social status, sexual orientation or gender identity, physical or mental disability or impediment, or status as victim of domestic violence or sexual assault or stalking.

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February 15, 2022

To Whom It May Concern:

I hereby certify that LISSETTE GARRIGA ORTIZ, social security number XXX-XX-6759, has worked in our Agency since May 23, 1994 to date.

She currently holds a position as a K-12 Fine Arts (Visual Arts) Teacher at LUIS MUNOZ MARIN, PONCE Regional Educational Office and earns a monthly salary of \$2,696.67.

If you have any questions or need additional information, please contact the Files Division of the Office of the Assistant Secretary of Human Resources.

Frances M. Pelet Román

Assistant Secretary of Human Resources

The information shown in this document is according to the data recorded in the Human Resources system. If you believe there to be an issue or discrepancy with the data shown, you may go to the Office of the Assistant Secretary of Human Resources, or call 787-773-3074, 3025, 3051, 3035.



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CERTIFICATION

I hereby certify that the following information concerning the life pension of teacher Lizzette Garriga Ortiz, social security number ending on 6759

Pension Effective Date	August 6, 2022
Monthly Pension	\$1,233.58
Annual Pension	\$14,802.96

This certification is issued today, May 15, 2023, in San Juan, Puerto Rico.

Cynthia Sanjurjo Santos

Supervisor

Guidance Services Area

Avenida Arterial Hostos 235 - Capital Center - Torre Norte piso 8 | PO Box 191879, San Juan, PR 00919-1879

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081 Department of Education - Classified

Ave. Teniente Cesar Gonzalez Esquina Calaf

HATO REY, PR 00919

IRR – Biweekly (per hour) 6448566 Payment Group: Notice #: From: 02/16/2023 Notice Date: 02/28/2023 02/28/2023 To:

LIZZETTE GARRIGA ORTIZ DEPARTMENT OF EDUCATION HATO REY, PR 00917

Employee #: Department: Place:

J582376759 8105088- Ponce Reg. Ponce Ponce Educational Region

DATA IMP Federal PR Marital Status: Single Single 0 Concessions:

SS: 582-37-6759

Title: DEPARTMENT OF EDUCATION \$25.000000 Hourly Salary:

Addtl. %: Addtl. Amt.:

		HOUR	S AND I	NCO	MF.				TAXES		
		HOUR	Cı			A co	crued		TAXES		
Description		Salary	Hours		Income	Hours	Income	Descri	intion	Current	Accrued
Payment of regular	wagec	Bulary	Hours		810.00	110413	1,530.00		ICA Med Hospital Ins. /EE	11.75	22.19
1 ayıncın or regular	wages				010.00		1,550.00		ASDI/Disability – EE	50.22	94.86
									ithholding	20.24	27.88
								I IX W	itimording	20.24	27.00
Total:					810.00		1,530.00	Total:		82.21	144.93
	DEDUCT	IONS			GENERAL	L DEDUCT	,	J			
Description			Accrued	Descr	iption		Current A	ccrued	Description	Current	Accrued
Description		Current	11001000	Deser	-puon				FSED Disability Plan	14.58	
Total:		0.00	0.00	Total:			0.00	0.00	* Taxable		
		GROSS	STOTAL		GROSS FED. TA		TOTAL		TOTAL DEDUCTIONS		NET PAY
Current:			810.00			.00		82.21	0.00		727.79
Accrued:			1,530.00	1.5		.00		144.93	0.00		1,385.07
Vacation	Hours	Sick Days			omp. Time	Hours	1		NET PAY DIST		727.70
Previous Balance + Accrued:	0.00	Previous Balanc + Accrued:			revious Balance + Accrued:	0.00			Notice # 644856)	727.79
+ Accrued: - Used:	0.00	+ Accrued: - Used:			- Used:	0.00			Total:		727.79
Final Balance:	0.00	Final Balance:			inal Balance:	0.00	4		Total:		121.19
rmai Baiance:	0.00	rmai Baiance:	().UU F	mai Baiance:	0.00]				

Leave balances correspond to the period of:

MESSAGE:

Department of Education - Classified Ave. Teniente Cesar Gonzalez Esquina Calaf

HATO REY, PR 00919

Date 02/28/2023 Notice No. 6448566

Deposit Amount:

\$ 727.79

Into de Account of:

LIZZETTE GARRIGA ORTIZ DEPARTMENT OF EDUCATION

HATO REY, PR 00917

Location: Ponce Educational Region

DIRECT DEPOSIT DISTRIBUTION									
Account Type	Account No.	Deposit Amount							
Checking	XXXXXXXXXX	727.79							
Total:		727.79							

NON-NEGOTIABLE

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 $080\ Department\ of\ Education-Teachers$

Avenida Teniente Cesar Gonzalez

Esquina Calaf

HATO REY, PR 00919

Payment Group:	SM – Biweekly	Notice #:	9635541
From:	03/17/2022	Notice Date:	03/14/2022
To:	03/30/2022		

LISSETTE GARRIGA ORTIZ	Employee #:	582376759	DATA IMP	Federal	PR
6INTERIOR SAN SEBASTIAN SAN GERMAN, PR 00683	Department: Place: Title:	8005137- SANTA ISABEL-PONCE LUIS MUNOZ MARIN DEPARTMENT OF EDUCATION	Marital Status: Concessions: Addtl. %:	Married 0	Claiming no personal exemp.
SS: 582-37-6759	Salary:	\$2.696.67 Monthly	Addtl. Amt.:		

HOURS AND INCOME								TAXES			
			Cu	ırrent	Acc	crued					
Description		Salary	Hours	Income	Hours	Income	Descri	ption	Current	Accrued	
Payment of regular	r wages			1,384.34	318.00	6,741.70	Fed FI	ICA Med Hospital Ins. /EE	19.55	97.75	
							PR W	ithholding	61.95	309.75	
								9			
Total:				1,384.34	318.00	6,741.70	Total:		81.50	407.50	
	DEDUCT	IONS		GENERAL	DEDUCT	TIONS	•	EMPLOYER BE	NEFITS PAIL)	
Description		Current	Accrued	Description		Current 1	Accrued	Description	Current	Accrued	
GPR Teacher Retiren	nent Plan	121.35	606.75	RM-Mort. Loan-Teacher Re	etirement	251.98	1,259.90	FSED Disability Plan	22.92	114.60	
				AE- Comm. Emp. AssocR		273.93	1,369.65	SM-First Medical Health Plan	0.00	240.00	
				SM-First Medical Health Pl		181.00	905.00				
				CO-FED TEACHER COOF		44.00	220.00				
				SC- TRANS OCEANIC LI		26.98	134.90				
				SC-MULTINATIONAL LI		27.88	139.40				
				OS-AMPR LOCAL UNION	N MEM	8.50	42.50				
				Savings - AEELA		53.93	269.65				
Total:		121.35	606.75	Total:		868.20	4,341.00	* Taxable			
1 otal.			TOTAL	GROSS FED. TA	X		TAXES	TOTAL DEDUCTIONS		NET PAY	
Current:			1,384.34	0.0		-	81.50	989.55		277.29	
Accrued:			6,741.70	0.0	00		407.50	4,947.75		1,386.45	
Vacation	Hours	Sick Days	Hou		Hours			NET PAY DIST			
Previous Balance	0.00	Previous Balance		0.00 Previous Balance	0.00			Notice # 9635541		277.29	
+ Accrued:	0.00	+ Accrued:).00 + Accrued:	0.00						
- Used:	0.00	- Used:	0	0.00 - Used:	0.00]		Total:		277.29	
Final Balance:	0.00	Final Balance:	0	0.00 Final Balance:	0.00			·	·		

Leave balances correspond to the period of:

MESSAGE:

Department of Education – Teachers Avenida Teniente Cesar Gonzalez

Esquina Calaf

Deposit Amount:

HATO REY, PR 00919

\$ 277.29

Into de Account of: LISSETTE GARRIGA ORTIZ

6INTERIOR SAN SEBASTIAN SAN GERMAN, PR 00683

Location: LUIS MUNOZ MARIN

DIRECT DEPOSIT DISTRIBUTION							
Account Type	Account No.	Deposit Amount					
Checking	XXXXXXXXXX	277.29					
Total:		277.29					

Notice No.

9635541

NON-NEGOTIABLE

Date

3/14/2022

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 $080\ Department\ of\ Education-Teachers$

Avenida Teniente Cesar Gonzalez

Esquina Calaf

HATO REY, PR 00919

Payment Group:	SM – Biweekly	Notice #:	9378842
From:	03/02/2022	Notice Date:	02/25/2022
To:	03/16/2022		

LISSETTE GARRIGA ORTIZ	Employee #:	582376759	DATA IMP	Federal	PR
6INTERIOR SAN SEBASTIAN SAN GERMAN, PR 00683	Department: Place: Title:	8005137- SANTA ISABEL-PONCE LUIS MUNOZ MARIN DEPARTMENT OF EDUCATION	Marital Status: Concessions: Addtl. %:	Married 0	Claiming no personal exemp.
SS: 582-37-6759	Salary:	\$2.696.67 Monthly	Addtl. Amt.:		

HOURS AND INCOME							TAXES				
Current											
Description	Salary	Hours	Incor	ne	Hours	Income	Descr	intion	Current	Accrued	
Payment of regular wages	Salary	110415		.384.34	258.00	5,393.3		ICA Med Hospital Ins. /EE	19.55	78.20	
Tayment of regular wages			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200.00	0,000		ithholding	61.95	247.80	
							110 "	ramorang	01.55	217.00	
Total:			1	,384.34	258.00	5,393.3	6 Total:		81.50	326.00	
DEDUCTIONS			GENERAL DEDUCTIONS				EMPLOYER BENEFITS PAID				
Description	Current	Accrued	Description			Current	Accrued	Description	Current	Accrued	
GPR Teacher Retirement Plan	121.35	485.40	RM-Mort. Loan-	Teacher Re		251.98	1,007.92	SM-First Medical Health Plan	120.00	240.00	
			AE- Comm. Emp	. AssocR	eg. Prest	273.93	1,095.72	FSED Disability Plan	22.92	91.68	
			SM-First Medical	Health Pla	an	181.00	724.00	_			
			CO-FED TEACH			44.00	176.00				
			SC- TRANS OCI			26.98	107.92				
			SC-MULTINATI			27.88	111.52				
			OS-AMPR LOCA		I MEM	8.50	34.00				
			Savings - AEELA			53.93	215.72				
Total:	121.35	485.40	Total:			868.20	3,472.80	* Taxable			
GROSS TOTAL		GROSS FED. TAX TOTAL TA			TOTAL DEDUCTIONS		NET PAY				
Current:	rrent: 1,384.34		0.00			81.50	989.55		277.29		
Accrued:	5,393.36		0.00			326.00 3,958.20			1,109.16		
Vacation Hours	Sick Days	Ho			Hours			NET PAY DIST	RIBUTION		
Previous Balance 0.00	Previous Balanc		.00 Previous Bal		0.00			Notice # 9378842	2	277.29	
+ Accrued: 0.00	+ Accrued:		.00 + Accrued		0.00						
- Used: 0.00	- Used:	0	.00 - Used:		0.00			Total:		277.29	
Final Balance: 0.00	Final Balance:	0	.00 Final Balanc	e:	0.00						

Leave balances correspond to the period of:

MESSAGE:

Department of Education – Teachers Avenida Teniente Cesar Gonzalez

Esquina Calaf

HATO REY, PR 00919

Deposit Amount: \$ 277.29

Into de Account of: LISSETTE GARRIGA ORTIZ

6INTERIOR SAN SEBASTIAN SAN GERMAN, PR 00683

Location: LUIS MUNOZ MARIN

DIRECT DEPOSIT DISTRIBUTION						
Account Type	Account No.	Deposit Amount				
Checking	XXXXXXXXXX	277.29				
Total:		277.29				

Notice No.

9378842

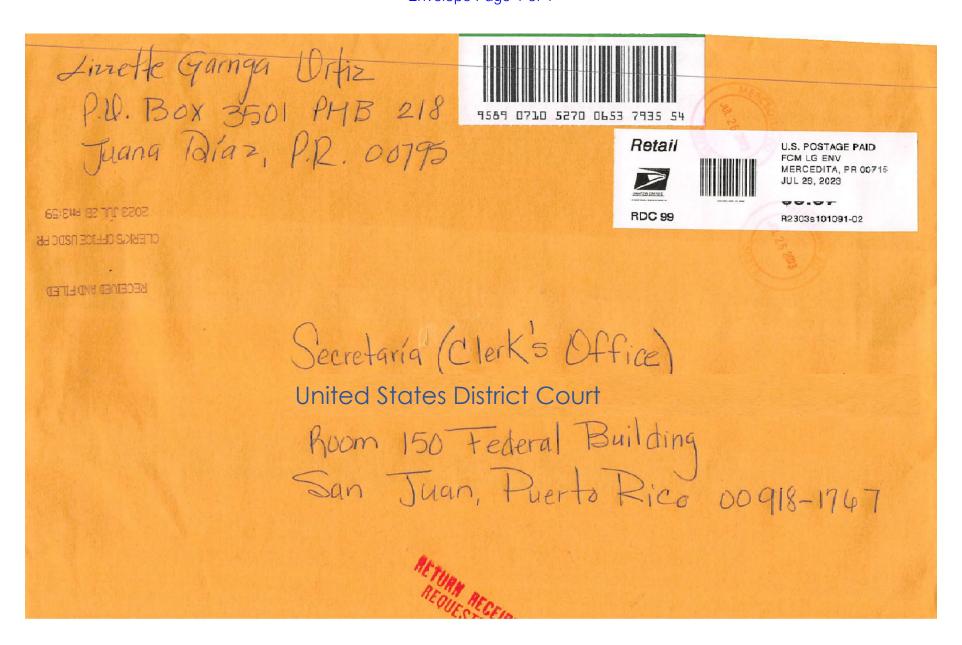
NON-NEGOTIABLE

Date

02/25/2022

Case:17-03283-LTS Doc#:24883-1 Filed:08/14/23 Entered:08/14/23 16:14:09 Desc: Exhibit 1 Page 18 of 19

Case:17-03283-LTS Doc#:24817-1 Filed:07/31/23 Entered:07/31/23 13:23:07 Desc: Envelope Page 1 of 1





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TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)

TARGEM Translations Inc.

I, PHILLIP BERRYMAN, ATA-certified Spanish-English #432118, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: Motion for Reconsideration - Lizzette Garriga Ortiz

Signed this 10th day of August, 2023

Prilip Berryman
Spanish into English
Certification #432118

Verify at www.atanet.org/verify

Phillip Berryman

